

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/709,997
Filing Date::	06/11/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3773
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD AND APPARATUS FOR HARVESTING AND IMPLANTING BONE PLUGS
Attorney Docket Number::	22956-302 (MIT169CON)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	15
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mark
Middle Name::	A.
Family Name::	Johanson

City of Residence:: Littleton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 5 Harvest Lane  
City of mailing address:: Littleton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01460

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bill  
Family Name:: Barnes  
City of Residence:: Macon  
State or Province of Residence:: GA  
Country of Residence:: US  
Street of mailing address:: 153 Covington Court  
City of mailing address:: Macon  
State or Province of mailing address:: GA  
Postal or Zip Code of mailing address:: 31210-4447

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donald  
Middle Name:: J.  
Family Name:: Rose  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US

Street of mailing address:: 25 East End Avenue  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10028-7052

### Correspondence Information

Correspondence Customer Number:: 21125

### Representative Information

Representative Customer Number:: 21125

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/004,388	10/23/01
10/004,388	Division of	09/118,680	07/17/98

### Foreign Priority Information

### Assignee Information

Assignee name:: DePuy Mitek, Inc.  
Street of mailing address:: 325 Paramount Drive  
City of mailing address:: Raynham  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02767

### Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.			
Signature	/Lisa Adams/	Date	February 17, 2010
Name (Print/Type)	Lisa Adams	Registration No. (Attorney/Agent)	44,238